U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply thay result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1066	2	2. Fiscal Year Covered From:	
		1 / 1 / 2005 Throug	gh: 12 / 31 / 2005
3. Name and address of person filing		4. Name, file number, and acdress of labor of	organization.
Name Aldo	R Zambetti	Name Sheet Metal Workers IA	Local #19
		Labor Organization File Number 013-0	066
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if a	any
Street 1301 South Columbu	us Blvd.	Street 1301 South Columbus Bl	vd
City Philadelphia		City Philadelphia	
State Pennsylvania	ZIP Cod2+4 19147	State Pennsylvania	ZIP Code + 4 19147

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIF Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 04/30/06

215-952-1999

Date

Telephone Number

Name of Person Filing Aldo Zambetti	File Number U-
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substantial part of which consists of an employer whose employees (2) any part of which consists of but	come or economic benefit with monetar of buying from, seiling or leasing to, or o your labor organization represents or is uying from or selling or leasing directly on or with a trust in which your labor organ	therwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet Metal Worker	cs LU #19 JAT?	X a. Labor Organization		
Trade Name, if any:		b. Trust		
P.O. Box, Bldg., Room No., if any		c. Employer		
Street 1301 South Columb	us Blvd.			
City Philadelphia				
State Pennsylvania	ZIP Code + 4 19147			
10. If 9.b. or 9.c. is checked give to	rust or employer's name.	11.a. Nature of such dealing.		
Name		Salary 2005		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		11.b. Approximate dollar value of such dealing.	\$93,024	
City		12.a. Nature of interest held or income received.		
State	ZIP Code + 4			
		12.b. Amount.		
	ver (other than an employer covered			

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or I (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	cr Consultant	?	14.b. Amount of payment

Name of Person Filing	Aldo.	Zambetti

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet Metal Workers LU #19 JATF	x a. Labor Organization		
Trade Name, if any:	X 0. 2000. Olganization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1301 South Columbus Blvd.	c. Employer		
City Philadelphia			
State Pennsylvania ZIP Code + 4 19147			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	2005 Regional Contest Lodging		
Trade Name, if any:	Expense Reinbursement		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIF' Code + 4	11.b. Approximate dollar value of such dealing. \$596		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

Name of Person Filing Aldo	Zambetti
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sheet Metal Workers LU #19 JATC	★ a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1301 South Columbus Blvd.	c. Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19147	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Advanced Training 2005 7/17/05-7/24/05 Expense Reimbursement
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$400
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing	Aldo	Zambetti

Part B Continuation Page

	9. Business deals with:		
Name and address of Business (including trade name, if any).	9. Business deals with.		
Name Sheet Metal Workers LU #19 JATC	∠ a. Labor Organization		
Trade Name, if any:	^		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1301 South Columbus Blvd.	c. Employer		
City Philadelphia			
State Pennsylvania ZHP Code + 4 19147			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Benefits Package 2005		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$47,423		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name International Training Institute for the She Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 601 N. Fairfax St. City Alexandria State Virginia ZIP Code + 4 22314 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	b. Trust c. Employer 11.a. Nature of such dealing. Advanced Training 2005 7/17/05-7/24/05 Travel Lodging Expense Reimbursement
P.O. Box, Bldg., Room No., if any Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$1,468
	12.a. Nature of interest held or income received.
	12.b. Amount.

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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sheet Metal Workers LU #19 Benefit Funds	x a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1301 South Columbus Blvd.	c. Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19147	
10. If 9.b. or 9.c. is checked give trust or employεr's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Spouse Salary 2005
	12.b. Amount. \$42,944

File Number U-

Part B Continuation Page

O Alama and address of David and Co. I. Freedom and Co.	9. Business deals with:
Name and address of Business (including trade name, if any).	
Name Sheet Metal Workers LU #19 Benefit Funds	x a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1301 South Columbus Blvd.	c. Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19147	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Spouse Benefit Package 2005
	12.b. Amount. \$33,003

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Part B Continuation Page

8. Name and address of Busines	ss (including trade name, if any).	9. Business deals with:	
Name Sheet Metal Workers LU #19 Benefit Funds		★ a. Labor Organization	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bldg., Room No., if an	ıy	b. Trust	
Street 1301 South Colum	bus Blvd.	c. Employer	
City Philadelphia			
State Pennsylvania	ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give tr	ust or employer's name.	11.a. Nature of such dealing.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	у		
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		Spouse Expense Reimbursement 2005	
		12.b. Amount.	\$1,824

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Part B Continuation Page

Name and address of Business (including rade name, if any).	9. Business deals with:
Name Sheet Metal Workers LU #19 JATF	🗙 a. Labor Organization
Trade Name, if any:	^
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1301 South Columbus Blvd.	c. Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19147	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Service Instructor Training 2005 4/3/05-4/22/05 Expense Reimbursement
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$500
	12.a. Nature of interest held or income received.
	12.b. Amount.

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Part B Continuation Page

8. Name and address of Business (including_rade name, if any).	9. Business deals with:
Name International Training Institute for the S	She X a. Labor Organization
P.O. Box, Bldg., Room No., if any Suite 210	b. Trust
Street 601 N. Fairfax St.	c. Employer
City Alexandria	
State Virginia ZIP Code + 4 22314	
10. If 9.b. or 9.c. is checked give trust or employεr's name.	11.a. Nature of such dealing.
Name	Service Instructor Training 2005 4/13/05-4/22/05 Travel
Trade Name, if any:	Lodging Expense Reimbursement
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,956
	12.a. Nature of interes; held or income received.
	40.5. A
***************************************	12.b. Amount.

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Part B Continuation Page

Name and address of Business (including 'rade name, if any).	9. Business deals with:
Name International Training Institute for the She	★ a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 240	b. Trust
Street 601 N. Fairfax St.	c. Employer
City Alexandria	
State Virginia ZIP Code + 4 22314	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Residential 1 Training 2005 9/18/05-9/25/05 Travel
Trade Name, if any:	Lodging Expense Reimbursement
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$598
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Aldo Zambetti	Name of	f Person	Filina	Aldo	Zambetti
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sheet Metal Workers LU #19 JATF	a. Labor Organization	
Trade Name, if any:	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 South Columbus Blvd.	c. Employer	
City philadelphia		
State Pennsylvania ZIF Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Residential 1 Training 2005 9/18/05-9/25/05 Expense Reimbursement	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$400	
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

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8. Name and address of Business (including rade name, if any). Name Sheet Metal Workers International Unions And Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 5:00 Street 6:01 N. Pairfax St. City Alexandria State Virginia Il.a. Nature of such dealing. Unions and Councils Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City Street City Street City Street City Street City 11.a. Nature of such dealing. Unions and Councils Pension 11.a. Nature of such dealing. Unions and Councils Pension 11.a. Nature of interest held or income received.				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 5:00 Street 6:01 N. Fairfax St. City Alexandria State Virginia ZIP Code + 4 22341 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 11.a. Nature of interest held or incorne received.	8. Name and address of Business (in	cluding rade name, if any).	9. Business deals with:	
b. Trust Street 601 N. Fairfax St. City Alexandria State Virginia ZIP Code + 4 22341 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 ZIP Code + 4 11.a. Nature of such dealing. Unions and Councils Pension 11.a. Nature of such dealing. Unions and Councils Pension 11.a. Nature of interest held or income received.	Name Sheet Metal Workers	International Unions And	X a. Labor Organization	
Street 601 N. Fairfax St. City Alexandria State Virginia ZIP Code + 4 22341 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg, Room No., if any Street City State ZIP Code + 4 T1.b. Approximate dollar value of such dealing. 11.a. Nature of such dealing. Unions and Councils Pension 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	Trade Name, if any:		h Tauat	
City Alexandria State Virginia ZIP Code + 4 22341 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. Unions and Councils Pension 11.a. Nature of such dealing. Unions and Councils Pension 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	P.O. Box, Bidg., Room No., if any St	uite 530	o. Trust	
State Virginia ZIP Code + 4 22341 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. Unions and Councils Pension 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. \$1.5. Approximate dollar value of such dealing. \$1.5. Approximate dollar value of interest held or income received.	Street 601 N. Fairfax St.		c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. Unions and Councils Pension 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. \$1.5,814	City Alexandria			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$15,814 12.a. Nature of interest held or income received.	State Virginia	ZIP Code + 4 22341		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$15,814 12.a. Nature of interest held or income received.	10. If 9.b. or 9.c. is checked give trust of	r employεr's name.	11.a. Nature of such dealing.	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$15,814 12.a. Nature of interes! held or income received.	Name		Unions and Councils Pension	
City State ZIF Code + 4 11.b. Approximate dollar value of such dealing. \$15,814 12.a. Nature of interest held or income received.	Trade Name, if any:			
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$15,814 12.a. Nature of interest held or income received.	P.O. Box, Bldg., Room No., if any			
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$15,814 12.a. Nature of interest held or income received.	Street			
12.a. Nature of interest held or income received.	City			
	State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$15,814
12.b. Amount.			12.a. Nature of interest held or income received.	
12.b. Amount.				
			12.b. Amount.	